(d) Measles vaccine is being presently imported for use in the programme. Serum Institute of India, Pune has undertaken manufacture of Measles vaccine and the same will be used after clearance by Central Research Institute, Kasauli.

Loan from World Bank for construction of Bridges, Highways etc.

4081. DR. YELAMANCHILI SIVAJI: Will the Minister of SURFACE TRANSPORT be pleased to state:

(a) whether any foreign exchange loan from the World Bank has been received for construction of Bridges, Highways and other projects;

(b) if so, in what manner it is to be distributed to various States; and

(c) whether there is any proposal under Government's consideration to set-up a Corporation to float funds to undertake such activity?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHRI RAJESH PILOT): (a) and (b) The World Bank have agreed to provide loan assistance for six identified National Highway Projects in the States of Gujarat, West Bengal, Punjab, Haryana, Tamil Nadu and Uttar Pradesh and is to be spent on these projects only.

(c) Yes, Sir.

Eye banks in the country

4082. DR. NARREDDY THULASI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the present number of eye banks in the country;

(b) the number of people who have given their willingness to donate their eyes; and

(c) what procedure is adopted for donation of eyes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) As per available reports, country has 117 Eye Banks.

(b) 189243 persons have been reported to have registered their name for donating their eyes after death, till the end of 1987.

(c) Individuals register their names for donation of their eyes after their death, with eye banks. The Eye Banks on hearing of the death of the registered donor from their relatives collect the eyes of the donors.

Utilisation of funds allocated for various Health Programmes

4083. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what percentage of Central allocation made to the various State Governments and Union Territory Administrations during 1985-86, 1986-87 and 1987-88 for National Health Programme for control of Blindness, TB Control and Leprosy Eradication Programme was actually utilised and what are the reasons for the non-utilisation of the grants in full;

(b) what percentage of the allocation, if any, was diverted by the State Governments/Union Territory Administrations for programmes, other than health programmes; and

(c) what are the achievements in the implementation of the health programmes according to the evaluation, if any, made by Government and what is the Government's reaction with regard thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) As per the expenditure statement received from the States, there has been some short fall in utilisation of Central allocation in respect of National Programme for control of blindness during the years 1984-85 to 1987-88 particularly in respect of smaller States/UTs like Pondicherry, Chandigarh, Goa Daman and Diu for the reasons that equipments and instruments had not been installed and/or late

sanctioning of units and non posting of staff by the States/UTs.

In so far as National Leprosy Eradication Programme is concerned, the funds have been fully utilised. Under the National TB Control Programme, only Anti TB Drugs are supplied to the States and no cash assistance is released. As such the question of non-utilisation of control allocation in respect of this programme does not arise.

(b) No such report has been received.

(c) Under the National Programme for Control of Blindness, the performance with reference to target of cataract operations from the year 1982-83 to 1987-88 has increased from 68 per cent to 97 per cent. The National Blindness survey to assess the magnitude of the problem is being carried out under the WHO supported project. Similarly with the DANIDA assistance, a situation analysis of the infrastructural development under the Programme is proposed to be undertaken by an independent agency.

The National Leprosy Eradication Programme has been evaluated twice in 1986 and 1987 by independent evaluation teams consisting of national and international experts and the Programme has been adjudged as satisfactory at overall level.

So far as National TV control Programme is concerned, the task of evaluating and assessment has been entrusted to an independent agency.

Separate medical store depot for Unani system of medicine

4084. SHRI V. NARAYANASAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Medical Store Depots of all the systems of medicines are separate from the Dispensaries except the Unani System of Medicine in CGHS, which is attached to the CGHS Unani Dispensary, Sarojini Nagar, New Delhi and if so, the reasons therefor; and

(b) whether Government propose to separate the Medical Store Depot of Unani System on the pattern of other systems of medicines prevailing in CGHS and if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

(b) No such proposal is under consideration due to financial constraints.

Vacancies for SC/STs in R.P. Centre of A.I.I.M.S.

4085. SHRI BHAGATRAM MANHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are many vacancies in various categories of posts for S.C. and S.T. in R.P. Centre of All India Institute of Medical Sciences, New Delhi;

(b) if so, what are the details thereof, category-wise, since when these are lying vacant and what steps have been taken by Govt to fill up these posts?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) 29 Group 'C' posts and 10 Group 'D' posts reserved for SC/ST candidate in Dr. R. P. Centre for Ophthalmic Services (AIIMS) had fallen vacant mostly during the past few years These vacancies were notified to the Employment Exchange repeatedly and on the issue of non-availability Certificates by them in respect of certain posts, such posts were advertised. In cases where candidates belonging to reserved categories were selected after necessary interviews/tests, they have either joined or would join soon. In cases where the candidates nominated by the Employment Exchange were not found suitable for appointment, fresh requisition have been sent to the Employment Exchange for making selection of suitable candidates for appointment against available reserved posts. *Ad-hoc* appointments from amongst general categories have been made against some of the vacant reserved posts in the interest of Hospital patient care services.